

R156. Commerce, Occupational and Professional Licensing.

R156-31b. Nurse Practice Act Rules.

R156-31b-101. Title.

These rules are known as the "Nurse Practice Act Rules".

R156-31b-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in these rules:

(1) "Affiliated with an institution of higher education", as used in Subsection 58-31b-601(1), means the general and science education courses required as part of a nursing education program are provided by an educational institution which is approved by the Board of Regents or an equivalent governmental agency in another state or a private educational institution which is regionally accredited by an accrediting board recognized by the Council for Higher Education Accreditation of the American Council on Education; and the nursing program and the institution of higher education are affiliated with each other as evidenced by a written contract or memorandum of understanding.

(2) "APRN" means an advanced practice registered nurse.

(3) "APRN-CRNA" means an advanced practice registered nurse specializing and certified as a certified registered nurse anesthetist.

(4) "Approved continuing education" in Subsection R156-31b-303(3) means:

(a) continuing education that has been approved by a professional nationally recognized approver of health related continuing education;

(b) nursing education courses taken from an approved education program as defined in Section R156-31b-601; and

(c) health related course work taken from an educational institution accredited by a regional institutional accrediting body identified in the "Accredited Institutions of Postsecondary Education", 2006-2007 edition, published by the American Council on Education.

(5) "Approved education program" as defined in Subsection 58-31b-102(3) is further defined to include any nursing education program published in the documents entitled "Directory of Accredited Nursing Programs", 2006-2007, published by the National League for Nursing Accrediting Commission, which are hereby adopted and incorporated by reference as a part of these rules.

(6) "CCNE" means the Commission on Collegiate Nursing Education.

(7) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

(8) "COA", as used in these rules, means the Council of Accreditation of Nurse Anesthesia Education Programs.

(9) "Clinical mentor/preceptor", as used in Section R156-31b-607, means an individual who is employed by a clinical health care facility and is chosen by that agency, in collaboration with the Parent-Program, to provide direct, on-site supervision and direction to a nursing student who is engaged in a clinical rotation, and who is accountable to both the clinical agency and the supervisory clinical faculty member.

(10) "Comprehensive nursing assessment", as used in Section R156-31b-704, means an extensive data collection (initial and ongoing) for individuals, families, groups and communities addressing anticipated changes in patient/client conditions as well as emergent changes in patient's/client's health status; recognizing alterations to previous patient/client conditions; synthesizing the biological, psychological, spiritual and social aspects of the patient's/client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and identification of health care needs; plan nursing interventions, evaluate need for different interventions and the need to communicate and consult with other health team members.

(11) "Contact hour" means 60 minutes.

(12) "Delegation" means transferring to an individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

(13) "Direct supervision" is the supervision required in Subsection 58-31b-306(1) (a) (iii) and means:

- (a) the person providing supervision shall be available on the premises at which the supervisee is engaged in practice; or
- (b) if the supervisee is specializing in psychiatric mental health nursing, the supervisor may be remote from the supervisee if there is personal direct voice communication between the two prior to prescribing a prescription drug.
- (14) "Disruptive behavior", as used in these rules, means conduct, whether verbal or physical, that is demeaning, outrageous, or malicious and that places at risk patient care or the process of delivering quality patient care. Disruptive behavior does not include criticism that is offered in good faith with the aim of improving patient care.
- (15) "Focused nursing assessment", as used in Section R156-31b-703, means an appraisal of an individual's status and situation at hand, contributing to the comprehensive assessment by the registered nurse, supporting ongoing data collection and deciding who needs to be informed of the information and when to inform.
- (16) "Licensure by equivalency" as used in these rules means licensure as a licensed practical nurse after successful completion of course work in a registered nurse program which meets the criteria established in Sections R156-31b-601 and R156-31b-603.
- (17) "LPN" means a licensed practical nurse.
- (18) "NLNAC" means the National League for Nursing Accrediting Commission.
- (19) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.
- (20) "Non-approved education program" means any foreign nurse education program.
- (21) "Other specified health care professionals", as used in Subsection 58-31b-102(15), who may direct the licensed practical nurse means:
- (a) advanced practice registered nurse;
 - (b) certified nurse midwife;
 - (c) chiropractic physician;
 - (d) dentist;
 - (e) osteopathic physician;
 - (f) physician assistant;
 - (g) podiatric physician;
 - (h) optometrist;
 - (i) naturopathic physician; or
 - (j) mental health therapist as defined in Subsection 58-60-102(5).
- (22) "Parent-program", as used in Section R156-31b-607, means a nationally accredited, Board of Nursing approved nursing education program that is providing nursing education (didactic, clinical or both) to a student and is responsible for the education program curriculum, and program and student policies.
- (23) "Patient surrogate", as used in Subsection R156-31b-502(4), means an individual who has legal authority to act on behalf of the patient when the patient is unable to act or decide for himself, including a parent, foster parent, legal guardian, or a person designated in a power of attorney.
- (24) "Psychiatric mental health nursing specialty", as used in Subsection 58-31b-302(4)(g), includes psychiatric mental health nurse specialists and psychiatric mental health nurse practitioners.
- (25) "RN" means a registered nurse.
- (26) "Supervision" in Section R156-31b-701 means the provision of guidance or direction, evaluation and follow up by the licensed nurse for accomplishment of a task delegated to unlicensed assistive personnel or other licensed individuals.
- (27) "Supervisory clinical faculty", as used in Section R156-31b-607, means one or more individuals employed by an approved nursing education program who meet the accreditation and Board of Nursing specific requirements to be a faculty member and are responsible for the overall clinical experiences of nursing students and may supervise and coordinate clinical mentors/preceptors who provide the actual direct clinical experience.
- (28) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b, is further defined in Section R156-31b-502.

R156-31b-103. Authority - Purpose.

These rules are adopted by the division under the authority of Subsection 58-1-106(1) (a) to enable the division to administer Title 58, Chapter 31b.

R156-31b-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-31b-201. Board of Nursing - Membership.

In accordance with Subsection 58-31b-201(1), nurses serving as members of the Board shall be:

- (1) six registered nurses, two of whom are actively involved in nursing education;
- (2) one licensed practical nurse; and
- (3) two advanced practice registered nurses.

R156-31b-202. Advisory Peer Committee created - Membership - Duties.

(1) In accordance with Subsection 58-1-203(1) (f), there is created the Psychiatric Mental Health Nursing Peer Committee and the Nursing Education Peer Committee.

(2) Psychiatric Mental Health Nursing Peer Committee.

(a) The duties and responsibilities of the Psychiatric Mental Health Nursing Peer Committee are to:

- (i) review applications for licensure as an APRN specializing in psychiatric mental health nursing when appropriate; and
- (ii) advise the board and division regarding practice issues.

(b) The composition of the Psychiatric Mental Health Nursing Peer Committee shall be:

- (i) three APRNs specializing in psychiatric mental health nursing;
- (ii) at least one member shall be a faculty member actively teaching in a psychiatric mental health nursing program; and
- (iii) at least one member shall be actively participating in the supervision of an APRN intern.

(3) Nursing Education Peer Committee.

(a) The duties and responsibilities of the Nursing Education Peer Committee are to:

- (i) review applications for approval of nursing education programs;
- (ii) advise the board and division regarding standards for approval of nursing education programs; and
- (iii) assist the board and division to conduct site visits of nursing education programs.

(b) The composition of the Nursing Education Peer Committee shall be:

- (i) five RNs or APRNs actively involved in nursing education; and
- (ii) members of the board may also serve on this committee.

R156-31b-301. License Classifications - Professional Upgrade.

Upon issuance and receipt of an increased scope of practice license, the increased licensure supersedes the lesser license which shall automatically expire and must be immediately destroyed by the licensee.

R156-31b-302a. Qualifications for Licensure - Education Requirements.

In accordance with Sections 58-31b-302(2) (e) and 58-31b-303, the education requirements for licensure are defined as follows:

(1) Applicants for licensure as a LPN by equivalency shall submit written verification from an approved registered nurse education program, verifying the applicant is currently enrolled and has completed course work which is equivalent to the course work of an NLNAC accredited practical nurse program.

(2) Applicants from foreign education programs who are not currently licensed in another state shall submit a credentials evaluation report from one of the following

credentialing services which verifies that the program completed by the applicant is equivalent to an approved practical nurse or registered nurse education program.

(a) Commission on Graduates of Foreign Nursing Schools for an applicant who is applying for licensure as a registered nurse; or

(b) Foundation for International Services, Inc. for an applicant who is applying for licensure as a licensed practical nurse.

R156-31b-302b. Qualifications for Licensure - Experience Requirements for APRNs Specializing in Psychiatric Mental Health Nursing.

(1) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice (including mental health therapy).

(a) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.

(b) The remaining 3,000 hours shall:

(i) include a minimum of 1,000 hours of mental health therapy and one hour of face to face supervision for every 20 hours of mental therapy services provided;

(ii) be completed while an employee, unless otherwise approved by the board and division, under the supervision of an approved supervisor; and

(iii) be completed under a program of supervision by a supervisor who meets the requirements under Subsection (3).

(c) At least 2,000 hours must be under the supervision of an APRN specializing in psychiatric mental health nursing. An APRN working in collaboration with a licensed mental health therapist may delegate selected clinical experiences to be supervised by that mental health therapist with general supervision by the APRN.

(2) An applicant who has obtained all or part of the clinical practice hours outside of the state, may receive credit for that experience if it is demonstrated by the applicant that the training completed is equivalent to and in all respects meets the requirements under this section.

(3) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.

(4) Duties and responsibilities of a supervisor include:

(a) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(b) supervising not more than three supervisees unless otherwise approved by the division in collaboration with the board; and

(c) submitting appropriate documentation to the division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.

(5) An applicant for licensure by endorsement as an APRN specializing in psychiatric mental health nursing under the provisions of Section 58-1-302 shall demonstrate compliance with the clinical practice in psychiatric and mental health nursing requirement under Subsection 58-31b-302(4)(g) by demonstrating that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three years immediately preceding the application for licensure.

R156-31b-302c. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Section 58-31b-302, the examination requirements for graduates of approved nursing programs are as follows.

(a) An applicant for licensure as an LPN or RN shall pass the applicable NCLEX examination.

(b) An applicant for licensure as an APRN shall pass one of the following national certification examinations consistent with the applicant's educational specialty:

(i) one of the following examinations administered by the American Nurses Credentialing Center Certification:

- (A) Adult Nurse Practitioner;
- (B) Family Nurse Practitioner;
- (C) Pediatric Nurse Practitioner;
- (D) Gerontological Nurse Practitioner;
- (E) Acute Care Nurse Practitioner;
- (F) Clinical Specialist in Medical-Surgical Nursing;
- (G) Clinical Specialist in Gerontological Nursing;
- (H) Clinical Specialist in Adult Psychiatric and Mental Health Nursing;
- (I) Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing;
- (J) Psychiatric and Mental Health Nurse Practitioner (Adult and Family);
- (ii) Pediatric Nursing Certification Board;
- (iii) American Academy of Nurse Practitioners;
- (iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;
- (v) the Oncology Nursing Certification Corporation Advanced Oncology Certified Nurse if taken on or before July 1, 2005;
- (vi) the Advanced Practice Certification for the Clinical Nurse Specialist in Acute and Critical Care; or
- (vii) the Advanced Critical Care Examination administered by the American Association of Critical Care Nurses; or
- (viii) the national certifying examination administered by the American Midwifery Certification Board, Inc.; or
- (ix) the examination of the Council on Certification of Nurse Anesthetists.

(2) In accordance with Section 58-31b-303, an applicant for licensure as an LPN or RN from a non-approved nursing program shall pass the applicable NCLEX examination.

R156-31b-302d. Qualifications for Licensure - Criminal Background Checks.

(1) In accordance with Subsection 58-31b-302(5), an applicant for licensure under this chapter who is applying for licensure from a foreign country shall meet the fingerprint requirement by submitting:

- (a) a visa issued within six months of making application to Utah; or
- (b) a copy of a criminal background check from the country in which the applicant has immigrated, provided the check was completed within six months of making application to Utah.

R156-31b-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308.

(2) Renewal procedures shall be in accordance with Section R156-1-308.

(3) Each applicant for renewal shall comply with the following continuing competence requirements:

- (a) A LPN or RN shall complete one of the following during the two years immediately preceding the application for renewal:
 - (i) licensed practice for not less than 400 hours;
 - (ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or
 - (iii) completion of 30 contact hours of approved continuing education hours.
- (b) An APRN shall complete the following:
 - (i) be currently certified or recertified in their specialty area of practice; or
 - (ii) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice.

R156-31b-304. Temporary Licensure.

(1) In accordance with Subsection 58-1-303(1), the division may issue a temporary license to a person who meets all qualifications for licensure as either an LPN or RN, except for the passing of the required examination, if the applicant:

- (a) is a graduate of or has completed a Utah-based, approved nursing education program within two months immediately preceding application for licensure;
 - (b) has never before taken the specific licensure examination;
 - (c) submits to the division evidence of having secured employment conditioned upon issuance of the temporary license, and the employment is under the direct, on-site supervision of a fully licensed registered nurse; and
 - (d) has registered for the appropriate NCLEX examination.
- (2) The temporary license issued under Subsection (1) expires the earlier of:
- (a) the date upon which the division receives notice from the examination agency that the individual failed the examination;
 - (b) four months from the date of issuance; or
 - (c) the date upon which the division issues the individual full licensure.

R156-31b-306. Inactive Licensure, Reinstatement or Relicensure.

(1) In accordance with Subsection 58-1-305(1), an individual seeking activation of an inactive RN or LPN license must document current competency to practice as a nurse as defined in Subsection (3) below.

(2) An individual seeking reinstatement of RN or LPN licensure or relicensure as a RN or LPN in accordance with Subsection R156-1-308g(3)(b), R156-1-308i(3), R156-1-308j(3) and R156-1-308k(2)(c) shall document current competence as defined in Subsection (3) below.

(3) Documentation of current competency to practice as a nurse is established as follows:

(a) an individual who has not practiced as a nurse for five years or less must document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);

(b) an individual who has not practiced as a nurse for more than five years but less than 10 years must pass the required examinations as defined in Section R156-31b-302c within six months prior to making application for licensure or successfully complete an approved re-entry program;

(c) an individual who has not practiced as a nurse for more than 10 years but less than 15 years must pass the required examinations as defined in Section R156-31b-302c within six months prior to making application for licensure and successfully complete an approved re-entry program;

(d) an individual who has not practiced as a nurse for more than 15 years shall repeat an approved nursing education program and pass the required examinations as defined in Section R156-31b-302c within six months prior to making application for licensure.

(4) To document current competency for activation, reinstatement or relicensure as an APRN, an individual must pass the required examinations as defined in Section R156-31b-302c and be currently certified or recertified in the specialty area.

R156-31b-307. Reinstatement of Licensure.

(1) In accordance with Section 58-1-308 and Subsection R156-1-308g(3)(b), an applicant for reinstatement of a license which has been expired for five years or less, shall document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3).

(2) The Division may waive the reinstatement fee for an individual who was licensed in Utah and moved to a Nurse Licensure Compact party state, who later returns to reside in Utah.

R156-31b-308. Exemption from Licensure.

In accordance with Subsections 58-1-307(1) and 58-31b-308(1)(a), an individual who provides up to 48 consecutive hours of respite care for a family member, with or without compensation, is exempt from licensure.

R156-31b-309. Intern Licensure.

- (1) In accordance with Section 58-31b-306, an intern license shall expire:
 - (a) immediately upon failing to take the first available examination;
 - (b) 30 days after notification, if the applicant fails the first available examination; or
 - (c) upon issuance of an APRN license.
- (2) Regardless of the provisions of Subsection (1) of this section, the division in collaboration with the board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

R156-31b-310. Licensure by Endorsement.

- (1) In accordance with Section 58-1-302, an individual who moves from a Nurse Licensure Compact party state does not need to hold a current license, but the former home state license must have been in good standing at the time of expiration.
- (2) An individual under Subsection (1) who has not been licensed or practicing nursing for three years or more is required to retake the licensure examination to demonstrate good standing within the profession.

R156-31b-401. Disciplinary Proceedings.

- (1) An individual licensed as a LPN who is currently under disciplinary action and qualifies for licensure as an RN may be issued an RN license under the same restrictions as the LPN.
- (2) A nurse whose license is suspended, may under Subsection 58-31b-401 petition the division at any time that the licensee can demonstrate that the licensee can resume competent practice.
- (3) An individual who has had any license issued under Title 58, Chapter 31b revoked or surrendered two times or more as a result of unlawful or unprofessional conduct is ineligible to apply for relicensure.

R156-31b-402. Administrative Penalties.

In accordance with Subsections 58-31b-102(1) and 58-31b-402(1), unless otherwise ordered by the presiding officer, the following fine schedule shall apply.

- (1) Using a protected title:
initial offense: \$100 - \$300
subsequent offense(s): \$250 - \$500
- (2) Using any title that would cause a reasonable person to believe the user is licensed under this chapter:
initial offense: \$50 - \$250
subsequent offense(s): \$200 - \$500
- (3) Conducting a nursing education program in the state for the purpose of qualifying individuals for licensure without board approval:
initial offense: \$1,000 - \$3,000
subsequent offense(s): \$5,000 - \$10,000
- (4) Practicing or attempting to practice nursing without a license or with a restricted license:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (5) Impersonating a licensee, or practicing under a false name:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (6) Knowingly employing an unlicensed person:
initial offense: \$500 - \$1,000
subsequent offense(s): \$1,000 - \$5,000

(7) Knowingly permitting the use of a license by another person:
initial offense: \$500 - \$1,000
subsequent offense(s): \$1,000 - \$5,000

(8) Obtaining a passing score, applying for or obtaining a license, or otherwise dealing with the division or board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000

(9) violating or aiding or abetting any other person to violate any statute, rule, or order regulating nursing:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000

(10) violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000

(11) Engaging in conduct that results in convictions of, or a plea of nolo contendere, or a plea of guilty or nolo contendere held in abeyance to a crime of moral turpitude or other crime:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000

(12) Engaging in conduct that results in disciplinary action by any other jurisdiction or regulatory authority:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(13) Engaging in conduct, including the use of intoxicants, drugs to the extent that the conduct does or may impair the ability to safely engage in practice as a nurse:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(14) Practicing or attempting to practice as a nurse when physically or mentally unfit to do so:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(15) Practicing or attempting to practice as a nurse through gross incompetence, gross negligence, or a pattern of incompetency or negligence:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000

(16) Practicing or attempting to practice as a nurse by any form of action or communication which is false, misleading, deceptive, or fraudulent:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(17) Practicing or attempting to practice as a nurse beyond the individual's scope of competency, abilities, or education:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(18) Practicing or attempting to practice as a nurse beyond the scope of licensure:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(19) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's practice:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(20) Failure to safeguard a patient's right to privacy:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(21) Failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(22) Engaging in sexual relations with a patient:
initial offense: \$5,000 - \$10,000
subsequent offense(s): \$10,000

(23) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug:
initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000

(24) Unauthorized taking or personal use of nursing supplies from an employer:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(25) Unauthorized taking or personal use of a patient's personal property:
initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000

(26) Knowingly entering false or misleading information into a medical record or altering a medical record:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(27) Unlawful or inappropriate delegation of nursing care:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(28) Failure to exercise appropriate supervision:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(29) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(30) Failure to file or impeding the filing of required reports:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(31) Breach of confidentiality:
initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000

(32) Failure to pay a penalty:
Double the original penalty amount up to \$10,000

(33) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan:
initial offense: \$500 - \$1,000
subsequent offense(s): \$500 - \$2,000

(34) Failure to confine practice within the limits of competency:
initial offense: \$500 - \$1,000
subsequent offense(s): \$500 - \$2,000

(35) Any other conduct which constitutes unprofessional or unlawful conduct:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

(36) Engaging in a sexual relationship with a patient surrogate:
initial offense: \$1,000 - \$5,000
subsequent offense(s): \$5,000 - \$10,000

(37) Engaging in practice in a disruptive manner:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000.

R156-31b-502. Unprofessional Conduct.

- (1) "Unprofessional conduct" includes:
 - (a) failing to destroy a license which has expired due to the issuance and receipt of an increased scope of practice license;
 - (b) a RN issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17b-620, or as may be otherwise provided by law;
 - (c) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:
 - (i) that standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients;
 - (ii) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients;
 - (iii) nurses' knowledge, skills and ability and determine current competence to carry out the requirements of their jobs;
 - (d) engaging in sexual contact with a patient surrogate concurrent with the nurse/patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:
 - (i) did not result in any form of abuse or exploitation of the surrogate or patient; and
 - (ii) did not adversely alter or affect in any way:
 - (A) the nurse's professional judgment in treating the patient;
 - (B) the nature of the nurse's relationship with the surrogate; or
 - (C) the nurse/patient relationship; and
 - (e) engaging in disruptive behavior in the practice of nursing.
 - (2) In accordance with a prescribing practitioner's order and a student care plan, a nurse who trains an unlicensed assistive personnel to administer medications under Section 53A-11-601 shall not be considered to have engaged in unprofessional conduct for inappropriate delegation.

R156-31b-601. Nursing Education Program Standards.

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program must meet to qualify graduates for licensure under this chapter are set forth in Sections R156-31b-601, 602, 603, and 604.

- (1) Standards for programs located within Utah leading to licensure as a registered nurse or advanced practice registered nurse:
 - (a) be accredited or preaccredited regionally by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education, or one of the following national accrediting bodies: the Accrediting Bureau of Health Education Schools (ABHES), the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT), or the Accrediting Commission of the Distance Education and Training Council (DETC);
 - (b) admit as students, only persons having a certificate of graduation from a school providing secondary education or the recognized equivalent of such a certificate;
 - (c) be legally authorized by the State of Utah to provide a program of education beyond secondary education;
 - (d) provide not less than a two academic year program of study that awards a minimum of an associate degree that is transferable to another institution of higher education;
 - (e) provide an academic program of study that awards a minimum of a master's degree that is transferable to another institution of higher education if providing education toward licensure as an advanced practice registered nurse;
 - (f) meet the accreditation standards of either CCNE, NLNAC, or COA as evidenced by accreditation by one of the organizations as required under Subsection R156-31b-602; and
 - (g) have at least 20 percent of the school=s revenue from sources that are not derived from funds provided under title IV, HEA program funds or student fees, including tuition if a proprietary school.

(2) Standards for programs located within Utah leading to licensure as a licensed practical nurse:

(a) be accredited or preaccredited regionally by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education; or one of the following national accrediting bodies: the Accrediting Bureau of Health Education Schools (ABHES) or the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT);

(b) admit as nursing students, only persons having a certificate of graduation from a school providing secondary education or the recognized equivalent of such a certificate;

(c) be legally authorized by the State of Utah to provide a program of education beyond secondary education;

(d) provide not less than one academic year program of study that leads to a certificate or recognized educational credential and provides courses that are transferable to an institution of higher education;

(e) meet the accreditation standards of either CCNE or NLNAC as evidenced by accreditation by either organization as required under Subsection R156-31b-602.

(f) have at least 20 percent of the school=s revenue from sources that are not derived from funds provided under title IV, HEA program funds or student fees, including tuition if a proprietary school.

(3) Programs located outside of Utah leading toward licensure as a nurse must be:

(a) accredited by the CCNE, NLNAC or COA; and

(b) approved by the Board of Nursing or duly recognized agency in the state in which the program is offered.

R156-31b-602. Nursing Education Program Full Approval.

(1) Full approval of a nursing program shall be granted when it becomes accredited by the NLNAC or the CCNE.

(2) Programs which have been granted full approval as of the effective date of these rules and are not accredited, must become accredited by December 31, 2005, or be placed on probationary status.

R156-31b-603. Nursing Education Program Provisional Approval.

(1) The division may grant provisional approval to a nursing education program for a period not to exceed three years after the date of the first graduating class, provided the program:

(a) is located or available within the state;

(b) is newly organized;

(c) meets all standards for provisional approval as required in this section; and

(d) is progressing in a reasonable manner to qualify for full approval by obtaining accreditation.

(2) The general standards for provisional approval include:

(a) the purpose and outcomes of the nursing program shall be consistent with the Nurse Practice Act and Rules and other relevant state statutes;

(b) the purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered;

(c) the input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program;

(d) the nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement;

(e) the curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes;

(f) faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement;

(g) the nursing program administrator shall be a professionally and academically qualified registered nurse with institutional authority and administrative responsibility for the program;

(h) professionally and academically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement;

(i) the fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes;

(j) program information communicated by the nursing program shall be fair, accurate, complete, consistent, and readily available;

(k) the program must meet the criteria for nursing education programs established in Section R156-31b-601; and

(l) the nursing education program shall be an integral part of a governing academic institution accredited by an accrediting body that is recognized by the U.S. Secretary of Education.

(3) Programs which have been granted provisional approval status shall submit an annual report to the Division on the form prescribed by the Division.

(4) Programs which have been granted provisional approval prior to the effective date of these rules and are not accredited, must become accredited by December 31, 2005.

(5) A comprehensive nursing education program evaluation shall be performed annually for quality improvement and shall include but not be limited to:

(a) students= achievement of program outcomes;

(b) evidence of adequate program resources including fiscal, physical, human clinical and technical learning resources, and the availability of clinical sites and the viability of those sites to meet the objectives of the program;

(c) multiple measures of program outcomes for graduates such as NCLEX pass rate, student and employer survey, and successful completion of national certification programs;

(d) evidence that accurate program information for consumers is readily available;

(e) the head of the academic institution and the administration support meet program outcomes;

(f) the program administrator and program faculty meet board qualifications and are sufficient to achieve program outcomes; and

(g) evidence that the academic institution assures security of student information.

(6) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:

(a) content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities;

(b) experiences that promote the development of leadership and management skills and professional socialization consistent with the level of licensure, including the demonstration of the ability to supervise others and provide leadership of the profession;

(c) learning experiences and methods of instruction, including distance education methods are consistent with the written curriculum plan;

(d) coursework including, but not limited to:

(i) content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

(ii) didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in clients across the life span and in a variety of clinical settings, to include:

(A) using informatics to communicate, manage knowledge, mitigate error and support decision making;

(B) employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;

- (C) providing client-centered, culturally competent care:
 - (1) respecting client differences, values, preferences and expressed needs;
 - (2) involving clients in decision-making and care management;
 - (3) coordinating and managing continuous client care; and
 - (4) promoting healthy lifestyles for clients and populations;
- (D) working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion; and
- (E) participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care; and
- (e) supervised clinical practice which include development of skill in making clinical judgments, management and care of groups of clients, and delegation to and supervision of other health care providers;
 - (i) clinical experience shall be comprised of sufficient hours to meet these standards, shall be supervised by qualified faculty and ensure students= ability to practice at an entry level;
 - (ii) delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the division; and
 - (iii) all student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
- (7) Students rights and responsibilities:
 - (a) students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, in theory and clinical experience with faculty oversight;
 - (b) all policies relevant to applicants and students shall be available in writing;
 - (c) students shall be required to meet the health standards and criminal background checks as required in Utah;
 - (d) students shall receive faculty instruction, advisement and oversight; and
 - (e) students shall maintain the integrity of their work.
- (8) The qualifications for the administrator of a nursing education program shall include:
 - (a) the qualifications for an administrator in a program preparing an individual for licensure as an LPN shall include:
 - (i) a current, active, unencumbered RN license or multistate privilege to practice nursing in Utah;
 - (ii) a minimum of a masters degree in nursing or a nursing doctorate;
 - (iii) educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and
 - (iv) a current knowledge of nursing practice at the practical nurse level;
 - (b) the qualifications for an administrator in a program preparing an individual for licensure as an RN shall include:
 - (i) a current, active unencumbered RN license or multistate privilege to practice nursing in Utah;
 - (ii) (A) associate degree program: a minimum of a masters degree in nursing or a nursing doctorate;
 - (B) baccalaureate degree program: a minimum of a masters degree in nursing and an earned doctorate or a nursing doctorate;
 - (iii) education preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and
 - (iv) a current knowledge of RN practice;
 - (c) the qualifications for an administrator/director in a graduate program preparing an individual for licensure as an APRN shall include:
 - (i) a current, active unencumbered APRN license or multistate privilege to practice as an APRN in Utah;

- (ii) a minimum of a masters in nursing or a nursing doctorate in an APRN specialty;
 - (iii) educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience; and
 - (iv) a current knowledge of APRN practice.
- (9) The qualifications for faculty in a nursing education program shall include:
- (a) a sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program;
 - (b) the nursing faculty shall hold a current, active, unencumbered RN license or multistate privilege, or APRN license or multistate privilege to practice in Utah; and
 - (c) clinical faculty shall hold a license or privilege to practice and meet requirements in the state of the student=s clinical site.
- (10) The qualifications for nursing faculty who teach in a program leading to licensure as a practical nurse include:
- (a) a minimum of a baccalaureate degree with a major in nursing;
 - (b) two years of clinical experience; and
 - (c) preparation in teaching and learning principles for adult education, including curriculum development and implementation.
- (11) The qualifications for nursing faculty who teach in a program leading to licensure as a RN include:
- (a) a minimum of a masters degree with a major in nursing or a nursing doctorate degree;
 - (b) two years of clinical experience; and
 - (c) preparation in teaching and learning principles for adult education, including curriculum development and implementation.
- (12) The qualifications for nursing faculty who teach in a program leading to licensure as an APRN include:
- (a) a minimum of a masters degree with a major in nursing or a nursing doctorate degree;
 - (b) holding a license or multistate privilege to practice as an APRN;
 - (c) two years of clinical experience practicing as an APRN; and
 - (d) preparation in teaching and learning principles for adult education, including curriculum development and implementation.
- (13) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.
- (14) Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to the area of content.
- (15) Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received clinical and didactic instruction in all basic areas for that course or specific learning experience. Clinical preceptors should be licensed as a nurse at or above the level for which the student is preparing.
- (16) Additional required components of graduate education programs, including post-masters certificate programs, leading to APRN licensure include:
- (a) Each student enrolled shall be licensed or have a multistate privilege to practice as an RN in Utah;
 - (b) The curriculum shall be consistent with nationally recognized APRN roles and specialties and shall include:
 - (i) graduate nursing program core courses;
 - (ii) advanced practice nursing core courses including legal, ethical and professional responsibilities of the APRN, advanced pathophysiology, advanced health assessment, pharmacotherapeutics, and management and treatment of health care status; and
 - (iii) coursework focusing on the APRN role and specialty.

(c) Dual track APRN graduate programs (preparing for two specialties) shall include content and clinical experience in both functional roles and specialties.

(d) Instructional track/major shall have a minimum of 500 hours of supervised clinical. The supervised experience shall be directly related to the knowledge and role of the specialty and category. Specialty tracks that provide care to multiple age groups and care settings will require additional hours distributed in a way that represents the populations served.

(e) There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for individuals who hold a masters degree in nursing who are seeking preparation in a different role and specialty. Post-masters nursing students shall complete the requirements of the masters APRN program through a formal graduate level certificate or master level track in the desired role and specialty. A program offering a post-masters certificate in a specialty area must also offer a master degree course of study in the same specialty area. Post-master students must master the same APRN outcome criteria as the master level students and are required to complete a minimum of 500 supervised clinical hours.

(f) A lead faculty member who is educated and nationally certified in the same specialty area and licensed as an APRN or possessing a APRN multistate privilege shall coordinate the educational component for the role and specialty in the APRN program.

R156-31b-604. Nursing Education Program Probationary Approval.

(1) The division may place on probationary approval status a nursing education program for a period not to exceed three years provided the program:

(a) is located or available within the state;

(b) is found to be out of compliance with the standards for provisional or full approval to the extent that the ability of the program to competently educate nursing students is impaired; and

(c) provides a plan of correction which is reasonable and includes an adequate safeguard of the student and public.

(2) The division may place on probationary approval status a program which implements an outreach program or satellite program without prior notification to the Division.

(3) Programs which have been granted probationary approval status shall submit an annual report to the division on the form prescribed by the division.

R156-31b-605. Nursing Education Program Notification of Change.

(1) Educational institutions wishing to begin a new nursing education program shall submit an application to the division for approval at least one year prior to the implementation of the program.

(2) An approved program that expands onto a satellite campus or implements an outreach program shall notify the Division at least one semester before the intended change.

R156-31b-606. Nursing Education Program Surveys.

The division may conduct an annual survey of nursing education programs to monitor compliance with these rules. The survey may include the following:

(1) a copy of the program's annual report to a nurse accrediting body;

(2) a copy of any changes submitted to any nurse accrediting body; and

(3) a copy of any accreditation self study summary report.

R156-31b-607. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program which is located outside the state must meet to allow students to obtain clinical experiences in Utah are set forth as follows.

(1) An entry level distance learning nursing education program which leads to licensure utilizing precepted clinical experiences in Utah must meet the following criteria:

(a) parent-program must be Board of Nursing approved in the state of primary location (business), be nationally accredited by either NLNAC, CCNE, or COA, and must be affiliated with an institution of higher education;

(b) parent-program clinical faculty supervisor must be licensed in Utah or a Compact state;

(c) preceptors within the health care facilities must be licensed in good standing, in Utah or a Compact State;

(d) parent-program must have a contract with the Utah health care facilities that provide the clinical sites; and

(e) parent-program must document compliance with the above stated criteria, along with a request to be approved to have a student who is exempt from licensure under Subsection 58-1-307(c).

(2) A nursing education program located in another state that desires to use Utah health care facilities for clinical experiences for one or more students must meet the following criteria:

(a) be approved by the home state Board of Nursing, be nationally accredited by either NLNAC or CCNE, and must be affiliated with an institution of higher education;

(b) clinical faculty must be employed by the nursing education program, meet the requirements to be a faculty member as established by the accrediting body and the program's Board of Nursing, and must be licensed, in good standing in Utah or a Compact state;

(c) preceptors within the health care facilities must be licensed, in good standing, in Utah or a Compact state;

(d) have a contract with the Utah health care facilities that provide the clinical sites;

(e) submit an annual report on forms provided by the Division of Occupational and Professional Licensing and Utah Board of Nursing; and

(f) document compliance with the above stated criteria, along with a request to be approved to have a student(s) who is exempt from licensure under Subsection 58-1-307(c) of the Utah Code.

(3) A distance learning didactic nursing education program with a Utah based proprietary postsecondary school which provides tutoring services, facilitates clinical site selection, and provides clinical site faculty must meet the following criteria:

(a) parent-program must be approved by the Board of Nursing in the state of primary location (business), be nationally accredited by either NLNAC or CCNE, and must be affiliated with an institution of higher education;

(b) a formal contract must be in place between the parent-program and the Utah postsecondary school;

(c) parent-program and Utah postsecondary school must submit an application for program approval by the Division of Occupational and Professional Licensing in collaboration with the Board of Nursing in Utah, utilizing the parent-program's existing curriculum. Approval is granted to the parent-program, not to the postsecondary school;

(d) clinical faculty (mentors) must be employed by the parent-program (this can be as a contractual faculty member), meet the requirements to be a faculty member as established by the accrediting body and the parent-program's Board of Nursing, and must be licensed, in good standing in Utah or a Compact state;

(e) clinical faculty supervisor(s) located at the parent-program must be licensed, in Utah or a Compact state;

(f) parent-program is responsible for conducting the nursing education program, the program's policies and procedures, and the selection of the students;

(g) parent-program must have a contract with the Utah health care facilities that provide the clinical sites; and

(h) submit an annual report on forms provided by the Division of Occupational and Professional Licensing and Utah Board of Nursing.

R156-31b-701. Delegation of Nursing Tasks.

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

(1) The nurse delegating tasks retains the accountability for the appropriate delegation of tasks and for the nursing care of the patient/client. The licensed nurse shall not delegate any task requiring the specialized knowledge, judgment and skill of a licensed nurse to an unlicensed assistive personnel. It is the licensed nurse who shall use professional judgment to decide whether or not a task is one that must be performed by a nurse or may be delegated to an unlicensed assistive personnel. This precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients/clients in all situations. The decision to delegate must be based on careful analysis of the patient's/client's needs and circumstances.

(2) The licensed nurse who is delegating a nursing task shall:

- (a) verify and evaluate the orders;
- (b) perform a nursing assessment;
- (c) determine whether the task can be safely performed by an unlicensed assistive personnel or whether it requires a licensed health care provider;
- (d) verify that the delegatee has the competence to perform the delegated task prior to performing it;
- (e) provide instruction and direction necessary to safely perform the specific task; and
- (f) provide ongoing supervision and evaluation of the delegatee who is performing the task.

(3) The delegator shall evaluate the situation to determine the degree of supervision required to ensure safe care.

(a) The following factors shall be evaluated to determine the level of supervision needed:

- (i) the stability of the condition of the patient/client;
- (ii) the training and capability of the delegatee;
- (iii) the nature of the task being delegated; and
- (iv) the proximity and availability of the delegator to the delegatee when the task will be performed.

(b) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication. The delegator responsible for the care of the patient/client shall make supervisory visits at appropriate intervals to:

- (i) evaluate the patient's/client's health status;
- (ii) evaluate the performance of the delegated task;
- (iii) determine whether goals are being met; and
- (iv) determine the appropriateness of continuing delegation of the task.

(4) Nursing tasks, to be delegated, shall meet the following criteria as applied to each specific patient/client situation:

- (a) be considered routine care for the specific patient/client;
- (b) pose little potential hazard for the patient/client;
- (c) be performed with a predictable outcome for the patient/client;
- (d) be administered according to a previously developed plan of care; and
- (e) not inherently involve nursing judgment which cannot be separated from the procedure.

(5) If the nurse, upon review of the patient's/client's condition, complexity of the task, ability of the unlicensed assistive personnel and other criteria as deemed appropriate by the nurse, determines that the unlicensed assistive personnel cannot safely provide care, the nurse shall not delegate the task.

(6) In accordance with Section 53A-11-601 and a student care plan, it is appropriate for a nurse to provide training to an unlicensed assistive personnel which includes the administration of glucagon in an emergency situation provided any training regarding the administration of glucagon is updated at least annually.

R156-31b-702. Scope of Practice.

(1) The lawful scope of practice for an RN employed by a department of health shall include implementation of standing orders and protocols, and completion and providing to a patient of prescriptions which have been prepared and signed by a physician in accordance with the provisions of Section 58-17b-620.

(2) An APRN who chooses to change or expand from a primary focus of practice must be able to document competency within that expanded practice based on education, experience and certification. The burden to demonstrate competency rests upon the licensee.

(3) An individual licensed as an APRN may practice within the scope of practice of a RN under the APRN license.

(4) An individual licensed in good standing in Utah as either an APRN or a CRNA and residing in this state, may practice as an RN in any Compact state.

R156-31b-703. Generally Recognized Scope of Practice of a LPN.

In accordance with Subsection 58-31b-102(15), the LPN practicing within the generally recognized LPN scope of practice practices as follows:

(1) In demonstrating professional accountability shall:

(a) practice within the legal boundaries for practical nursing through the scope of practice authorized in statute and rule;

(b) demonstrate honesty and integrity in nursing practice;

(c) base nursing decisions on nursing knowledge and skills, the needs of patients/clients;

(d) accept responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice; and

(e) maintain continued competence through ongoing learning and application of knowledge in the client's interest.

(2) In demonstrating the responsibility for nursing practice implementation shall:

(a) conduct a focused nursing assessment;

(b) plan for episodic nursing care;

(c) demonstrate attentiveness and provides patient/client surveillance and monitoring;

(d) assist in identification of client needs;

(e) seek clarification of orders when needed;

(f) demonstrate attentiveness and provides observation for signs, symptoms and changes in client condition;

(g) assist in the evaluation of the impact of nursing care, and contributes to the evaluation of patient/client care;

(h) recognize client characteristics that may affect the patient's/client's health status;

(i) obtain orientation/training competency when encountering new equipment and technology or unfamiliar care situations;

(j) implement appropriate aspects of client care in a timely manner;

(i) provide assigned and delegated aspects of patient's/client's health care plan;

(ii) implement treatments and procedures; and

(iii) administer medications accurately;

(k) document care provided;

(l) communicate relevant and timely client information with other health team members including:

(i) patient/client status and progress;

(ii) patient/client response or lack of response to therapies;

(iii) significant changes in patient/client condition; or

(iv) patient/client needs;

(m) participate in nursing management;

(i) assign nursing activities to other LPNs;

(ii) delegate nursing activities for stable patients/clients to unlicensed assistive personnel;

- (iii) observe nursing measures and provide feedback to nursing manager; and
- (iv) observe and communicate outcomes of delegated and assigned activities;
- (n) take preventive measures to protect patient/client, others and self;
- (o) respect patient's/client's rights, concerns, decisions and dignity;
- (p) promote a safe client environment;
- (q) maintain appropriate professional boundaries; and
- (r) assume responsibility for own decisions and actions.
- (3) In being a responsible member of an interdisciplinary health care team shall:
 - (a) function as a member of the health care team, contributing to the implementation of an integrated health care plan;
 - (b) respect client property and the property of others; and
 - (c) protect confidential information unless obligated by law to disclose the information.

R156-31b-704. Generally Recognized Scope of Practice of a RN.

In accordance with Subsection 58-31b-102(16), the RN practicing within the generally recognized RN scope of practice practices as follows:

- (1) In demonstrating professional accountability shall:
 - (a) practice within the legal boundaries for nursing through the scope of practice authorized in statute and rules;
 - (b) demonstrate honesty and integrity in nursing practice;
 - (c) base professional decisions on nursing knowledge and skills, the needs of patients/clients;
 - (d) accept responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice; and
 - (e) maintain continued competence through ongoing learning and application of knowledge in the patient's/client's interest.
- (2) In demonstrating the responsibility for nursing practice implementation shall:
 - (a) conduct a comprehensive nursing assessment;
 - (b) detect faulty or missing patient/client information;
 - (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual and social aspects of the patient's/client's condition;
 - (d) utilize this broad and complete analysis to plan strategies of nursing care and nursing interventions that are integrated within the patient's/client's overall health care plan;
 - (e) provide appropriate decision making, critical thinking and clinical judgment to make independent nursing decisions and identification of health care needs;
 - (f) seek clarification of orders when needed;
 - (g) implement treatments and therapy, including medication administration, delegated medical and independent nursing functions;
 - (h) obtain orientation/training for competence when encountering new equipment and technology or unfamiliar situations;
 - (i) demonstrate attentiveness and provides client surveillance and monitoring;
 - (j) identify changes in patient's/client's health status and comprehends clinical implications of patient/client signs, symptoms and changes as part of expected and unexpected patient/client course or emergent situations;
 - (k) evaluate the impact of nursing care, the patient's/client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other health team members;
 - (l) document nursing care;
 - (m) intervene on behalf of patient/client when problems are identified and revises care plan as needed;
 - (n) recognize patient/client characteristics that may affect the patient's/client's health status; and
 - (o) take preventive measures to protect patient/client, others and self.
- (3) In demonstrating the responsibility to act as an advocate for patient/client shall:

- (a) respect the patient's/client's rights, concerns, decisions and dignity;
 - (b) identify patient/client needs;
 - (c) attend to patient/client concerns or requests;
 - (d) promote safe patient/client environment;
 - (e) communicate patient/client choices, concerns and special needs with other health team members regarding:
 - (i) patient/client status and progress;
 - (ii) patient/client response or lack of response to therapies; and
 - (iii) significant changes in patient/client condition;
 - (f) maintain appropriate professional boundaries;
 - (g) maintain patient/client confidentiality; and
 - (h) assume responsibility for own decisions and actions.
- (4) In demonstrating the responsibility to organize, manage and supervise the practice of nursing shall:
- (a) assign to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description;
 - (b) delegate to another only those nursing measures which that person has the necessary skills and competence to accomplish safely;
 - (c) match patient/client needs with personnel qualifications, available resources and appropriate supervision;
 - (d) communicate directions and expectations for completion of the delegated activity;
 - (e) supervise others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcome, and assures documentation of the activity;
 - (f) provide follow-up on problems and intervenes when needed;
 - (g) evaluate the effectiveness of the delegation or assignment;
 - (h) intervene when problems are identified and revises plan of care as needed;
 - (i) retain professional accountability for nursing care as provided;
 - (j) promote a safe and therapeutic environment by:
 - (i) providing appropriate monitoring and surveillance of the care environment;
 - (ii) identifying unsafe care situations; and
 - (iii) correcting problems or referring problems to appropriate management level when needed; and
 - (k) teach and counsel patient/client families regarding health care regimen, which may include general information about health and medical condition, specific procedures and wellness and prevention.
- (5) In being a responsible member of an interdisciplinary health care team shall:
- (a) function as a member of the health care team, collaborating and cooperating in the implementation of an integrated patient/client-centered health care plan;
 - (b) respect patient/client property, and the property of others; and
 - (c) protect confidential information.
- (6) In being the chief administrative nurse shall:
- (a) assure that organizational policies, procedures and standards of nursing practice are developed, kept current and implemented to promote safe and effective nursing care;
 - (b) assure that the knowledge, skills and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level;
 - (c) assure that competent organizational management and management of human resources within the nursing organization are established and implemented to promote safe and effective nursing care; and
 - (d) assure that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.
- (7) When functioning in a nursing program educator (faculty) role shall:

- (a) teach current theory, principles of nursing practice and nursing management;
- (b) provide content and clinical experiences for students consistent with statutes and rules;
- (c) supervise students in the provision of nursing services; and
- (d) evaluate student scholastic and clinical performance with expected program outcomes.

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